

AK 34

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/341299
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
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TOTAL DEP.	25							
TOTAL CLAIMS	50							
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